# P2150 - Salivary Gland Choristoma: A Rare Finding at Gastroesophageal Junction

Tuesday, October 29 10:30 AM - 4:00 PM

Location: Exhibit Halls 3 and 4 (Street Level)


**Presenting Author(s)**

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**Introduction:** Choristoma is tumor-like outgrowth of heterotopic and mature tissue located at anatomically unusual sites. Heterotopic salivary gland tissue (HSGT) has been most commonly described in head and neck region but can rarely involve gastrointestinal (GI) tract with a few cases reported in the literature.

**Case Description/Methods:** An 87-year-old female with past medical history of gastroesophageal reflux disease (GERD), hypertension, and chronic kidney disease was admitted for an acute DVT. Due to worsening anemia, she underwent an upper endoscopy that showed a small nodularity at the GE junction (figure 1a), a large hiatal hernia, and reflux esophagitis in the lower one-third of the esophagus (figure 1b). Biopsy of the nodule demonstrated an esophagogastric junction-type mucosa with mild to moderate chronic inflammation, mild acute inflammation and focal glandular tissue consistent with heterotopic salivary gland tissue (figure 1c, d). No intestinal metaplasia or dysplasia were noted.

**Discussion:** Salivary gland choristoma at the gastroesophageal junction (GEJ) is an extremely rare entity, with only one case reported in the English literature. Additionally, two other cases of HSGT at GEJ not in the form of choristoma were described in the same report. All of the cases had a medical history of GERD. One of the HSGT cases had reflux esophagitis while the other had Barret's esophagus with high-grade dysplasia. Similarly, our patient had a history of GERD with reflux esophagitis. She was diagnosed incidentally, through an EGD-guided biopsy of the nodule to exclude malignancy. It is well-known that intestinal columnar metaplasia at the GEJ can occur secondary to chronic acid exposure and inflammation in the setting of GERD. The origin of these intestinal glandular cells remains unknown. Furthermore, pancreatic acinar metaplasia at the GEJ is a relatively common finding, but the causative relationship between GERD and pancreatic acinar

metaplasia is obscure. Salivary gland choristoma of the GEJ could be a metaplastic change in the setting chronic inflammation as a result of reflux esophagitis. However, the biological and clinical significance of this finding is yet to be investigated.

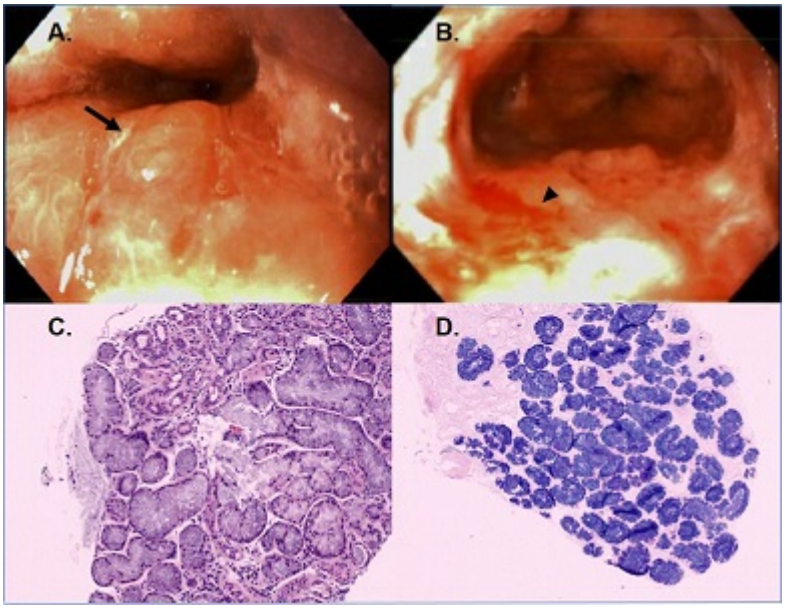


Figure 1. EGD showing a small nodularity at the GE junction (A, arrow), and reflux esophagitis (B, arrowhead) in the lower one-third of the esophagus. A focal glandular tissue was noted next to the esophagogastric junction-type mucosa with mild to moderate chronic inflammation (C). The focal glandular tissue was consistent with heterotopic salivary gland tissue (D).

**Disclosures:**

Isin Comba indicated no relevant financial relationships.
Richard Henriquez indicated no relevant financial relationships.
Sundeep Kumar indicated no relevant financial relationships.
Hilda Merino-Chavez indicated no relevant financial relationships.
Maria Wallis-Crespo indicated no relevant financial relationships.
Christopher Cooper indicated no relevant financial relationships.
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